

TREATMENT PROTOCOL: GENERAL TRAUMA *

1. Basic airway
2. Spinal immobilization prn: do not delay transport of hypotensive patients with penetrating torso trauma in order to apply spinal immobilization.
3. Control bleeding
4. Pulse oximetry
5. Oxygen prn
6. Advanced airway prn
7. Apply 3-sided dressing to sucking chest wounds if indicated
8. If tension pneumothorax suspected and systolic blood pressure less than 80mmHg, remove dressing and consider needle thoracostomy ①
9. Venous access en route
10. Blood glucose prn
11. Cardiac monitor prn: document rhythm and attach ECG strip if dysrhythmia identified, treat dysrhythmias by the appropriate protocol
12. Splints/dressings prn, treatment for specific extremity injuries:
 - Poor neurovascular status – realign and stabilize long bones
 - Joint injury – splint as lies
 - Midshaft femur – splint with traction
13. Consider other protocols for altered level of consciousness with possible medical origin: Ref. No. 1243, Altered Level of Consciousness; Ref. No. 1247, Overdose/Poisoning (Suspected)
14. If evisceration of organs is present, apply moist saline and non-adhering dressing, do not attempt to return to body cavity
15. For pain management of isolated extremity injury:

Fentanyl ②③⑥

50-100mcg slow IV push, titrate to pain relief

May repeat every 5min, maximum total adult dose 200mcg



Pediatric: 1mcg/kg slow IV push (over 2 minutes)

See Color Code Drug Doses/L.A. County Kids ⑦

May repeat every 5min, maximum pediatric dose 50mcg

Morphine ②③⑥

2-4mg slow IV push, titrated to pain relief

May repeat one time



Pediatric: 0.1mg/kg slow IV push

See Color Code Drug Doses/L.A. County Kids ⑦

Do not repeat pediatric dose, maximum pediatric dose 4mg

Poor perfusion:

Normal Saline Fluid Challenge

10ml/kg IV



Pediatric: 20ml/kg IV

See Color Code Drug Doses/L.A. County Kids ⑦

14. **CONTINUE SFTP or BASE CONTACT ④⑤**

16. If pain unrelieved,

Fentanyl ②③⑥

50-100mcg slow IV push, titrate to pain relief

May repeat every 5min, maximum total adult dose 200mcg



Pediatric: 1mcg/kg slow IV push (over 2 minutes)

See Color Code Drug Doses/L.A. County Kids ⑦

May repeat every 5min, maximum pediatric dose 50mcg

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Morphine ②③

2-12mg slow IV push, titrate to pain relief

May repeat every 5min, maximum total adult dose 20mg

16. If continued poor perfusion:

Normal Saline Fluid resuscitate

Wide open IV fluid administration until SBP is equal to or greater than 90mmHg or signs of improved perfusion



Pediatric: 20ml/kg IV

See Color Code Drug Doses/L.A. County Kids ⑦

SPECIAL CONSIDERATIONS

- ① Indications for needle thoracostomy include unilateral breath sounds and profound hypotension (SBP equal to or less than 80mmHg) with one or more of the following:
 - Altered mental status
 - Severe respiratory distress
 - Cyanosis
 - Shock
 - Cool, pale, moist skin
- ② Use with caution: in elderly; if SBP less than 100mmHg; sudden onset acute headache; suspected drug/alcohol intoxication; suspected active labor; nausea/vomiting; respiratory failure or worsening respiratory status
- ③ Absolute contraindications: Altered LOC, respiratory rate less than 12 breaths/min, hypersensitivity or allergy
- ④ Base hospital contact must be established for all patients who meet trauma criteria and/or guidelines; generally, this is the designated trauma center. SFTP providers may call the trauma center directly or establish base contact if transporting the patient to a non-trauma hospital.
- ⑤ Receiving Hospital Report
 - Provider Code/Unit #
 - Sequence Number
 - Age/Gender
 - Level of distress
 - Mechanism of Injury/Chief Complaint
 - Location of injuries
 - Destination/ETA

If patient meets trauma criteria/guidelines/judgment:

 - Regions of the body affected
 - Complete vital signs/Glasgow Coma Scale (GCS)
 - Airway adjuncts utilized
 - Pertinent information (flail segment, rigid abdomen, evisceration)
- ⑥ Ondansetron 4mg IV, IM or ODT may be administered prior to fentanyl or morphine administration to reduce potential for nausea/vomiting
- ⑦ If the child is off the Broselow™ and adult size, move to the Adult protocol and Adult dosing